Reading: The Management of Insomnia

Vocabulary
acquaintance
actigraphy
awake state awakening
biofeedback
brand name generic name
chronic
clutter
cognitive behaviour therapy CBT
controlled trial
cost-effective
distract
drowsy drowsiness
fatigue
hypnotic
insomnia insomniac
non-invasive
onset
paradox paradoxical intention
participant
pharmacological
questionnaire
randomised trial
to recruit
sampling
sensor
sleep sleepy
sleep diary sleep-deprivation sleep restriction sleeping tablets
snowballing sampling
stimulus
wide-spread

© Reading: The Treatment of Insomnia by Virginia Allum 2017
Activity: Complete the text using the words from the vocabulary list. Check your answers with the transcript.

Treating chronic insomnia with ____________________ therapy for insomnia (CBT-I) could be more cost-effective than current __________________ treatment. Sleeping tablets can become very expensive if the medication changes from __________________ to brand name or as dose and frequency of use increases. Unfortunately, __________________ or sleeping tablets are not usually effective for chronic insomnia. They can also cause unpleasant side effects such as daytime ______________ or a feeling of having a hangover.

CBT-I therapy includes a range of strategies to help ______________________ associate night-time with ‘sleep time’. Stimulus-control therapy aims to associate the bedroom with ___________ sleep. Using soft colours in the bedroom and removing __________________, a calming space is created. Ideally the bedroom should only contain bedroom furniture, so no TV or computer to ________________ the sleeper!

Sleep restriction therapy limits time spent in bed to actual _________________ time. This means getting out of bed when awake, whatever the time. Whilst this creates mild sleep _________________, it also ensures a connection in the mind between the bedroom and sleep.

Paradoxical _________________ can be used to manage situations where it is difficult to get to sleep rather than to stay ________________. It involves forcing an awake state without trying to go to sleep. Finally, _________________ uses sensors on the body to measure the body’s physical responses. The _________________ machine indicates changes in muscle tension and heart rate. This helps the subject to control breathing and body responses more effectively.

A US randomised, _________________ trial of the effects of CBT-I tested the effectiveness of the therapy for insomnia and _______________ functioning. Thirty-four randomly selected college students completed either six sessions of CBT-I or a 6-week wait list control (WLC). All ___________ completed a week long sleep diary and underwent _________________.

Actigraphy is a non-invasive method of monitoring human rest and activity cycles using a ________ which is worn by the patient at all times. The subjects also completed questionnaires about sleep and

© Reading: The Treatment of Insomnia by Virginia Allum 2017
functioning both before and after treatment. The treatment group repeated all measures during a 3-month follow-up.

The subjects who underwent CBT-I showed greater improvements in ______ efficiency, sleep onset and the number of ______. They spent less time awake after sleep onset and had better sleep quality. They also reported a reduction in insomnia severity and general ______ than the WLC group. These improvements were still in evidence at the 3-month follow-up.

It was also noted that the results were even better after following the recommendations to go to bed only when ______. They were also advised to keep regular hours and to get out of bed if getting to sleep was proving impossible.

A New Zealand review of the ___________ of CBT-I backed up these results.

Twenty-one insomnia treatment providers were recruited using ‘___________ sampling’. Snowball sampling is also called referral ___________ as future subjects in a study are recruited from acquaintances of existing subjects.

Information gathered from the interviews was used to estimate treatment uptake and costs as the basis for a decision analytic model. The results highlighted the fact that ________ in New Zealand is quite unstructured. Despite this, the net annual benefit for treating ________ was judged to be reasonable compared with the cost of using drug therapy.

Cognitive behaviour therapy for insomnia is not in __________ use, however it does provide an alternative for treating ______ insomnia. The uptake of CBT-I is sometimes influenced by the scarcity of clinicians who are trained in providing ______ specifically for insomnia. Another issue for its use in primary care is the length of treatment. Generally speaking, six sessions is usually considered to be too long for inpatient care. Perhaps for these reasons, ______ remains an undertreated disorder and a considerable burden to those who suffer from it.

© Reading: The Treatment of Insomnia by Virginia Allum 2017
Treating chronic insomnia with cognitive behaviour therapy for insomnia (CBT-I) could be more cost-effective than current pharmacological treatment. Sleeping tablets can become very expensive if the medication changes from generic to brand name or as dose and frequency of use increases. Unfortunately, hypnotics or sleeping tablets are not usually effective for chronic insomnia. They can also cause unpleasant side effects such as daytime drowsiness or a feeling of having a hangover.

CBT-I therapy includes a range of strategies to help insomniacs associate night-time with ‘sleep time’. Stimulus-control therapy aims to associate the bedroom with restful sleep. Using soft colours in the bedroom and removing clutter, a calming space is created. Ideally the bedroom should only contain bedroom furniture, so no TV or computer to distract the sleeper!

Sleep restriction therapy limits time spent in bed to actual sleeping time. This means getting out of bed when awake, whatever the time. Whilst this creates mild sleep deprivation, it also ensures a connection in the mind between the bedroom and sleep.

Paradoxical intention can be used to manage situations where it is difficult to get to sleep rather than to stay asleep. It involves forcing an awake state without trying to go to sleep.

Finally, biofeedback uses sensors on the body to measure the body’s physical responses. The biofeedback machine indicates changes in muscle tension and heart rate. This helps the subject to control breathing and body responses more effectively.

A US randomised, controlled trial of the effects of CBT-I tested the effectiveness of the therapy for insomnia and daytime functioning. Thirty-four randomly selected college students completed either six sessions of CBT-I or a 6-week wait list control (WLC). All participants completed a week long sleep diary and underwent actigraphy. Actigraphy is a non-invasive method of monitoring human rest and activity cycles using a sensor which is worn by the patient at all times. The subjects also completed questionnaires about sleep and daytime functioning both before and after treatment. The treatment group repeated all measures during a 3-month follow-up.

The subjects who underwent CBT-I showed greater improvements in sleep efficiency, sleep onset and the number of awakenings. They spent less time awake after sleep onset and had better sleep quality. They also reported a reduction in insomnia severity and general fatigue than the WLC group. These

© Reading: The Treatment of Insomnia by Virginia Allum 2017
improvements were still in evidence at the 3-month follow-up. It was also noted that the results were even better after following the recommendations to go to bed only when sleepy. They were also advised to keep regular hours and to get out of bed if getting to sleep was proving impossible.

A New Zealand review of the cost-effectiveness of CBT-I backed up these results. Twenty-one insomnia treatment providers were recruited using ‘snowballing sampling’. Snowball sampling is also called referral sampling as future subjects in a study are recruited from acquaintances of existing subjects. Information gathered from the interviews was used to estimate treatment uptake and costs as the basis for a decision analytic model. The results highlighted the fact that insomnia treatment in New Zealand is quite unstructured. Despite this, the net annual benefit for treating insomniacs was judged to be reasonable compared with the cost of using drug therapy.

Cognitive behaviour therapy for insomnia is not in widespread use, however it does provide an alternative for treating chronic insomnia. The uptake of CBT-I is sometimes influenced by the scarcity of clinicians who are trained in providing CBT specifically for insomnia. Another issue for its use in primary care is the length of treatment. Generally speaking, six sessions is usually considered to be too long for inpatient care. Perhaps for these reasons, insomnia remains an undertreated disorder and a considerable burden to those who suffer from it.

Photos:

http://www.agaitadofol.com/img/awake.gif
https://www.meegenius.com/
https://img.clipartfest.com/1e3c10a61dc435590dd803ef63b86d2b_of-quality-sleep-so-you-wake-wake-up-in-the-morning-clipart_1200-1148.jpeg
http://2.bp.blogspot.com/-cvTNr2zKioM/VOhil5q8N5I/AAAAAAAAATc/Rq8Yx7VRCbs/s1600/WWS-Insomnia.jpg

© Reading: The Treatment of Insomnia by Virginia Allum 2017